

US ARMY NAF EMPLOYEE BENEFITS PROGRAM



Premiums for calendar year 2006

Bi-Weekly Premiums

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	Single No Dental	Family No Dental	Single With Dental	Family With Dental
DOD Health Benefit Plan	\$ 51.18	\$119.07	\$ 54.46	\$126.84
Aetna US Healthcare HMO All States	\$135.16	\$330.41	\$138.44	\$338.18
Kaiser Permanente Health Plan (NCR)	\$ 93.97	\$253.80	\$ 97.25	\$261.57
Kaiser Permanente Hawaii	\$ 65.90	\$181.89	\$ 72.84	\$201.31
Keystone Health Plan	\$ 98.41	\$237.52	\$101.69	\$245.29
Hawaii Medical Service Association	\$ 63.40	\$176.85	\$ 68.58	\$191.31
Scott & White Health Plan	\$ 89.72	\$231.83	\$ 93.00	\$239.60
Triple S, Puerto Rico	\$ 49.42	\$113.20	\$ 53.05	\$125.26
Basic Life Insurance	\$.14 per \$1000 o	f coverage fo	or employee 8	employer
Dependent Life Incomes	\$5000 analys (\$2500 ahild		Erec w/basis life	

Dependent Life Insurance	\$5000 spouse/\$2500 child	Free w/basic life	
	\$10,000 spouse/\$5000 child	\$1.25	
	\$15,000 spouse/\$7500 child	\$2.50	
	\$20,000 spouse/\$10,000 child	\$3.75	
	\$25,000 spouse/\$12,500 child	\$5.00	

Optional Life Insurance Bi-Weekly Premiums per \$10,000 coverage

Under age 35	\$.70	Age 55-59	\$5.40
Age 35-39	\$.80	Age 60-64	\$8.90
Age 40-44	\$1.40	Age 65-69	\$12.50
Age 45-49	\$2.10	Age 70 and over	\$20.50
Age 50-54	\$3.50	•	

Monthly Premiums Continuations

	Single	Family
Retiree Medical Plan With Dental	\$118.01	\$274.82
Retiree Medical Plan without Dental	\$110.89	\$257.99
Temporary Continued C0verage (TCC) For 18 months, NO DENTAL	\$377.03	\$877.17